

pecially if tubercular, to give a somewhat red color to the ether, but not to compare with that given by cancer. A pink tint of more or less depth will occur when blood is in the urine from any cause; also in the urine of persons having malaria, "tick-fever" or Babesia, the several infections due to spirillum; "hookworm" and other intestinal parasites, as well as the primary and secondary anemias; but none of these give a color comparable with that from the urine of a cancer patient, and should be readily eliminated.

It is well to remember that all laboratory tests are suggestive or confirmatory and liable to a percentage of errors, yet this test has proven positive in a larger percentage of cases than any other with which I am acquainted; even when the cancer was very small and unsuspected, not determinable by palpation or other diagnostic method. Again a negative finding will enable us to relieve that mental distress associated with a suspicion of cancer or of its recurrence.

PHYSICIANS' ASPECT OF SUNDAY CLOSING OF PHARMACIES.*

By A. S. MUSANTE, Ph. G., M. D., San Francisco.

In this paper I will consider the public's as well as our standpoint as regards the closing of all drug stores on Sunday afternoon, as was recommended by the California Pharmaceutical Association at its last meeting.¹

My discussion of the subject dates back about one and one-half years ago, and a paper entitled "Sunday Closing of Pharmacies: Physician's Plea to Make It Alternating"² was read last year at Del Monte before the above-mentioned organization. The latter, however, as intimated in the opening paragraph, did not take kindly to the suggestions made, probably because they were not considered as being of interest to many. But a month or so after my recommendations were presented to the pharmacists, I was surprised to find in the monthly meeting bulletin of the San Francisco County Medical Society a note to the effect that complaint of the inconvenience that was being caused by the general closing of drug stores on Sunday afternoon had been received at the office of the Society. These protests, which were independent of my agitations, fortified the position I had taken and urged me to bring the matter before the Medical Society of the State of California. I was further stimulated by the endorsement given to my ideas by Dr. Albert Schneider, editor of the *Pacific Pharmacist*, who has championed my attitude in the pharmaceutical press.³ The latest prescriptionist that I find advocating reform in this matter is J. M. Riden, whose paper I have only just read,⁴ and his conclusions I can sum up best with this quotation, "The practice of Pharmacy, by its nature and relation to the public, precludes absolute Sunday closing, unless some system is devised whereby the public could be served at all times."

My object in working out this matter is that, having been a pharmacist for a number of years immediately preceding my study of medicine, I am

very desirous to bring about the greatest possible co-operation between the pharmaceutical and medical professions and the public, and have already had the pleasure of presenting a paper on "Medico-pharmaceutical Ethics,"⁵ which had the object just mentioned in view.

The desirability of pharmacists obtaining adequate rest and freedom from the trying conditions surrounding their calling is admitted; in fact, is always advised and insisted upon by the writer. Therefore, for the sake of brevity, the need of this respite for the members of the profession will not be reviewed. The purpose of this paper is to suggest how the public can be safeguarded from lack of accommodation in emergencies by indiscriminate Sunday closing of drug stores. And I am sure that the best element of legitimate pharmacy will be found more than willing to do all in its power to help the physician conserve the sick from the results that will ensue if imperative and potent remedies cannot be obtained, especially in those cases that occur suddenly and without warning. There is already general evidence of this desire to serve, as is demonstrated by many pharmaceutical establishments in the larger cities that keep open all night and day—except Sunday afternoon! The principal reason given for this "owl" service is that it will be possible to meet urgent demands for prescriptions and other medicinal and surgical articles at any time of the night. But, Sunday afternoon, when all drug stores are closed, is the time when there is a good deal of riding (to the public parks, to and from ferries and depots, etc.), which makes the occurrence of accidents frequent. Of course, the causes that make night opening desirable, like cases of confinements, diphtheria and poisoning, occur also on Sunday afternoon, as they do at all times. Does it not seem, then, inconsistent that the pharmaceutical profession should offer adequate service in the darkest hour of the night, but not on Sunday afternoon?

Attempts at Sunday Service.

It will not be amiss to cite a few methods that have been in vogue in different localities to supply what must have been considered necessary service on Sunday afternoon.

San Jose, according to report,⁶ had inserted in the agreement for Sunday closing of drug stores an emergency clause, whereby prescriptions and other articles that were absolutely necessary could be supplied at any hour, including, of course, on Sunday afternoon.

R. A. Leet, of Oakland, speaking on this matter,⁷ says that in the establishment he is connected with each man takes his turn to attend to the emergency work on Sunday, so that once in eight weeks every man is on duty, his telephone and address being placed on the closed door, so that he can be called for in urgent requirements.

According to page 417 of the *Pacific Pharmacist*, the San Francisco *Call* is authority of the statement that in Los Angeles the retail druggists have divided the city into districts and that those in each section take their turn in keeping open on Sunday, while a notice is posted on the closed doors directing the public to the place that is open.

* Read before the Forty-third Annual Meeting of the Medical Society, State of California, Oakland, April, 1913.

I was told that the same system prevails in Redwood City.

Recommendations.

Now that I have reviewed some of the efforts made to supply the public with adequate emergency service on Sunday and still enable the pharmacists to obtain as much rest as possible, it seems in order to suggest some general plan for adoption, with the hope that if any improvement can be made it will be forthcoming. For large cities, I advise that there be a division into sections of appropriate size, such as would be exemplified in San Francisco by North Beach, Golden Gate Valley, Richmond, Mission, Potrero, Hayes Valley, etc., and that the pharmacists in these areas arrange to keep open on Sunday afternoon and, if advisable, Sunday evening, also, in the order agreed upon, the closed stores directing the people to the establishment that is open. Such co-operation for the safety of the public would elevate the ethical standing of the profession and the general opinion of the regard and function of the pharmacists toward the suffering. Physicians would also appreciate the aid it would be to them as a means of obtaining pharmaceutical articles desired suddenly. It is not noble to treat this matter with a shrug of the shoulder and say it is impossible to get the pharmacists to agree to any improvement upon present methods. The very fact that Sunday closing has succeeded so well in our metropolis is proof that a majority of the prescriptionists stand ready to assist whenever a worthy and unselfish movement is started. What sacrifices are made along the lines indicated work toward the co-operation of medicine and pharmacy in the relief of suffering humanity.

The substitutes for alternating Sunday closing are many, as has already been seen in the references made to them. Personally, I feel that it is better to have all drug stores keep open all day Sunday than to have the safety of the public jeopardized. But if all drug stores are to be closed on Sunday afternoon, the telephone number or address to be used for urgent summons should be left on the closed doors. In large drug stores in districts where no agreement for alternating on Sundays is decided upon, each clerk should take his turn, but a respite on another day should be allowed. I have made no effort to recite the many ways the situation may be met, but have called the attention of the profession to a matter that I think should be given prompt and efficient treatment, so that the highest degree of usefulness to the stricken may be developed. To this end, I wish to conclude by submitting the following resolutions for adoption:⁸

Whereas, There is a tendency on the part of the retail pharmacists, in their desire to obtain needed rest, to close all drug stores on Sunday afternoon, which custom was unqualifiedly endorsed by the California Pharmaceutical Association at its last annual meeting, and

Whereas, There are many emergencies that occur on Sunday afternoon that could be more simply and, often, more safely handled if the drug stores in every small town and in the several sections of

the larger cities arranged to keep one pharmacy open all day Sunday; therefore, be it

Resolved, That the State Medical Society of California, while not opposed to the propaganda of securing adequate rest for the overworked pharmacist, recommends that alternating Sunday closing of drug stores be established where possible, so as to furnish the sick and injured in every locality with the benefits afforded by a drug store; and be it further

Resolved, That a copy of these resolutions be forwarded to the California Pharmaceutical Association with the request that it take similar action and co-operate in every other way possible in this reform.

References:

1. Proceedings C. Ph. A., 1912.
2. Proceedings C. Ph. A., 1912, or Pacific Pharmacist, May, 1912, or S. F. and Pacific Druggist, xvi, No. 2.
3. Pacific Pharmacist, July, 1912.
4. Pharmacraft, April, 1913.
5. A. S. Musante, Pacific Pharmacist, 1910, iv, 92, or Jour. A. M. A., 1910, iv, 1082, or Practical Druggist, 1910, xxviii, 124.
6. "Sunday Closing," Pacific Pharmacist, iii, 479.
7. Pacific Pharmacist, iv, 112.
8. These resolutions are practically the same as those unanimously adopted by the San Francisco County Medical Society, May 13, 1913.

ATROPHY OF THE PROSTATE GLAND WITH CITATION OF CASES.*

By HOWARD SOMERS, M. D., San Francisco.

No organ in the human economy, with perhaps the thyroid excepted, is exciting more interest pathologically and surgically than the prostate gland, because in the latter few men of advanced life preserve the normal size and character of this gland. We have studied so attentively the hypertrophied condition that its antithesis—atrophy—has suffered by comparison, and there appears but little literature to recognize, diagnose and treat this condition. Statistics of authors show, however, that the condition has been observed and too without an infrequency. Thompson in his 67 cases, quoted 56 hypertrophied while 11 were atrophied; Messer 35 hypertrophied with 20 atrophied; and Ditiel out of 54 cases, 18 were hypertrophied and 36 atrophied.

In the atrophied condition we find the gland of a white or a grayish white color, hard and resistant, in marked contrast to the normal yellowish, porous, spongy, elastic prostate. The size is smaller than the normal, averaging about 250 grains in weight. The capsule is hard and firm and densely adherent. The sheath and fibrous connective tissue of the perineal outlet in general are more dense and tough, rendering the identification and isolation of the perineal structures more difficult. The surface of the gland is very irregular. The direction of the urethra is distorted, but not much increased in length. Bryan has attempted a classification of the causes of the atrophied condition of the prostate gland, as follows:

1. Inflammatory.
2. Atrophy of wasting diseases.
3. Atrophy caused by pressure.
4. Congenital form.
5. Senile form.

* Read before the Forty-third Annual Meeting of the Medical Society, State of California, Oakland, April, 1913.